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A STUDY OF THE UTILITY
OF A PARTICIPATIVE APPROACH
TO EMPLOYEE ATTITUDE SURVEYS AS A MANAGEMENT
TOOL AT THE AUDIE L. MURPHY MEMORIAL
VA HOSPITAL IN SAN ANTONIO, TEXAS

A PROBLEM SOLVING PROJECT
SUBMITTED TO THE FACULTY OF
BAYLOR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
MASTER OF HEALTH ADMINISTRATION

BY
STUART C. COLLYER, VA

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I. INTRODUCTION

Development of the Problem

Most modern philosophies on management theorize that if an organization is to be successful its management must create a work environment under which employees can at least partially achieve their personal goals while working toward the achievement of organizational objectives. If one accepts this theory, it follows that communication, of organizational goals to the employee and of employee goals to the organization's management, is of paramount importance if an organization hopes to be successful.

Meaningful, accurate communication between two people can be challenging but the challenge becomes herculean when considered in the context of the most complex of modern organizations, the hospital. In addition to the typical barriers to effective communication found in every organization, the hospital casts up some unique stumbling blocks as a result of multiple roles and divergent goals which naturally arise in an industry made up of professionals and non-professionals providing individualized services in a setting characterized by both technological and human considerations.

The Audie L. Murphy Memorial Veterans Hospital in San Antonio, a modern 670-bed, affiliated, general medical-surgical-psychiatric acute-care health facility, possesses all the dimensions of communication barriers which characterize the health care industry plus a few unique

hurdles which can be attributed to its "youthfulness". The Hospital first opened its doors in October of 1973 and did not achieve full activation until September of 1977. The lack of tradition and established practices, the normal divergence of goals and backgrounds of administrative and professional medical employees, and the classical organizational structure which is characterized by as many as six levels of supervision between the Director of the Hospital and his non-supervisory employees combine to emphasize the basic need for effective communication to achieve organizational success.

It was this apparent need for communication and the multiple barriers for achieving that need at the Audie L. Murphy Hospital that prompted this writer to explore the utility of a rather old but recently reemphasized tool of management in achieving better internal communication, the employee attitude survey. In particular, the problem was to determine if a rather unique participative approach to attitude surveys which had accomplished some significant goals in other industries could be successfully employed in a large VA Hospital.

It was determined early that the study would be limited to the non-physician, non-supervisory employees of the Hospital for the purpose of identifying a specific group of employees that might have common types of communication needs.

Review of the Literature

Employee attitude surveys were first recorded as being used as a management tool in 1921.¹ Thus, the concept is at least a half century old, but the introduction of "Theory Y" management principles to American

business and the ensuing "human relations" movement of the 50's prompted a dramatic increase in the use of employee attitude surveys as a key tool for personnel management. This increased interest has intensified during the current decade at least partially as a result of frequent accounts of growing alienation among American workers such as the task-force report to the Secretary of Health, Education and Welfare on Work in America in 1972.²

However, the increased enthusiasm regarding the utilization of attitude surveys has been dampened in some instances because the experiments have not achieved the intended results. According to the literature, survey failures are most often attributed to lack of specific objectives, ambiguous questions, low response rates, poor survey results feedback, and lack of follow-up on the part of management. The last two items, feedback and follow-up, are difficult to achieve successfully and are the most neglected portions of the survey process.³

Any institution considering the use of an attitude survey should be aware of the possible advantages and possible disadvantages to using this tool. This paper will identify some of the advantages and disadvantages that might be helpful in making a management decision regarding this tool.

Advantages of Surveys

In the past, and to a more limited degree in the present, executives have operated under the assumption that they alone knew what was best for their workers. This paternalism in management has largely been discarded and it is now generally recognized, at least in theory if

not in practice, that employees have valuable ideas, that they are capable of expressing them, and it is mutually advantageous to them and their employers for them to do so. Herein lies one of the major advantages to using an attitude survey. It is a planned, systematic effort of an organization to collect information and ideas from its employees and also assess their attitudes. While this purpose can be accomplished by other means such as group meetings, interviews, suggestion systems, grievance procedures, and employee publications, the written attitude survey occupies a unique slot. It can be comprehensive and systematic as each individual's opinion can be polled; it is generally accurate as workers will be candid when their responses remain anonymous; and it is not subject to the distortion, editing, and filtering that normally occurs with other forms of upward communication.

Other benefits include the ability of a survey to provide surveillance information about potential trouble spots and parallel comparisons of various departments and other groupings. Employees can achieve a sense of participation in completing a survey and surveys provide management with an opportunity to build rapport and credibility with the work force. Additionally, surveys can act as sounding boards to show to what extent employees understand and support an organization's policies and practices or to measure the training needs or effectiveness of training programs. Finally, attitude surveys serve as a motivating force to management as they realize, maybe for the first time, the expense and risk of ignoring a particular problem. "Ordinarily, surveys do not produce many surprises for management. But they perform a service by revealing the extent or magnitude of problems, actual or suspected."⁴

It should be noted, of course, that these advantages do not magically occur. They occur only if a valid, quality survey is used, properly administered, and followed-up.

Disadvantages of Surveys

Some of the potential disadvantages of an attitude survey can be avoided if a good survey is properly utilized while some disadvantages are merely inherent costs of using the tool. A negative experience and decrease in morale can result if surveys raise expectations and there is no follow-up action. If management ignores points of major concern or reacts poorly, it is inviting greater problems. There is also the potential danger that adequate employees will not take the survey, thus invalidating the survey's value as a monitor of employee attitudes. Finally, there are direct costs associated with surveys. For example, if an organization had only 100 employees whose average salary was \$5.00 an hour and they are taken off their jobs for an hour to complete a survey, the organization has invested \$500.00 on this one item alone. Other costs might include the development or purchase of the survey instrument which is to be used, costs of a consultant if one is engaged, executive man-hours consumed before, during, and after the survey, computer-associated costs if one is used to analyze the survey results, feedback costs, follow-through costs, and other labor costs of employees who participate in the survey process.

Three Phases of An Attitude Survey

After a manager has carefully weighed the potential advantages and disadvantages of using an attitude survey, if the manager elects to use this tool, the three stages of a survey must then be carefully

implemented. The first stage is the planning step where objectives are established and the survey scope is set. The scope may be comprehensive or narrow. One firm which specializes in providing consultants to aid in the survey process reports that their best experiences have been with surveys where a narrowly-defined scope was developed.⁵

One such interesting survey in the public sector was conducted by the State of Oregon's personnel department. The State was studying the feasibility of converting to the four-day/ten-hour-day work week.⁶ Most of the available literature had assumed that employees would be overwhelmingly in favor of the change but there was little empirical evidence to support that assumption. Therefore, a survey was prepared and administered to a sampling of ten percent of the State's employees. The employees favored the change by a ratio of two to one. It had been expected that married women with dependents would oppose the idea due to concerns about child care and family requirements but no such opposition surfaced in the survey results.

Another example of the importance of using the planning stage to carefully define the goals of a survey is the survey which was used as part of a major study done by the Ministry of Labor in Japan. The study was prompted by a particular problem, a rapidly increasing turnover rate among young employees in a culture that traditionally had boasted of worker stability. A survey was developed to measure attitudes among various age groups of workers regarding job content, human relations, and work environment. While the study is not complete, preliminary

results suggest some changes will be made in Japan's traditional employer-employee relationship which has included lifetime employment, promotion from within, and a wage system based on seniority.⁷

A non-union meat packing firm in Texas used a survey as an early warning system to detect deterioration in employee attitudes which might presage damaging forms of labor unrest.⁸

Thus, it can be seen from the brief sampling that attitude surveys have wide application. Once the objective for a particular survey has been determined, however, the next step of the first phase is to select a survey instrument which will best accomplish the objective. There are basically three choices in this phase. First, an organization may decide to develop its own instrument, thus enabling them to use questions exactly tailored to management needs. However, producing a valid survey requires considerable expertise which cannot be found in many organizations. Therefore, many managers resort to the second choice of commercially-prepared instruments which offer the advantage of being convenient, and easy to use, and usually are sold as a package deal which includes tabulating and statistical work. Also, managers gain the option of comparing scores with the norms that have been established by repeated use of the same form. The obvious disadvantage of the commercially-prepared instrument is that it seldom fits the exact need of a particular organization.

The third choice is merely a combination of the first two. The third option is to use a commercially-prepared form but customize it to meet the needs of the individual organization. This is typically accomplished by hiring a consultant with the skill to accomplish this

task. The Xerox Corporation is one of several firms that lauds this approach to attitude surveys.⁹

According to a survey conducted by the National Conference Board of 155 companies, 43 of them planned their own survey and 112 companies either used a consultant to provide the survey or had a consultant work with top executives to develop an instrument.¹⁰ (Appendix A contains a summary of the other findings of this survey.)

In review, the planning stage is the time to establish the objectives and develop or select a survey instrument. It is also important that early in this stage a tentative schedule is outlined which includes such items as the date of the survey administration, processing time for data tabulation and evaluation, and plans for providing feedback to the participants. The literature suggests a must in any meaningful survey attempt is the visible and constant support of top management. This must include a commitment not just to the survey itself but also to any follow-up action which is indicated by the results of the survey. Again, this is the area accounting for most survey failures.

The second phase of the survey process, the survey administration, is the simplest to accomplish. It can be nothing more than a group meeting of some type with a brief introduction given by an executive of the organization or perhaps an outside consultant if one is used. This should be followed by some careful instructions on how to complete the survey and a question-and-answer period. It is generally felt that a restatement of the objectives and importance of the survey is valuable at this time along with an indication of management's pledge to follow-up on information gathered from the survey.

One key element that demands careful consideration during this phase is assuring employees that their responses will be carefully evaluated and, more importantly, be completely anonymous. A group who conducted a survey which was administered at 148 hospitals, domiciliaries, and outpatient clinics of the Veterans Administration went to great lengths to assure the participants that their responses would be totally anonymous. The participants mailed their completed questionnaires in a franked envelope to a psychology department of a cooperating university where the envelopes were opened, the surveys removed and then mailed in bulk to the principal consultant.¹¹ This additional effort reportedly added significantly to the number willing to take the survey.

Most of the literature on attitude surveys focuses on these first two phases. Perhaps this is a result of most of the articles and studies being written by consultants and people outside the organizations who have little or no responsibility for the third or follow-up phase of attitude surveys. Due to the objective of this paper, the discussion regarding this phase will give emphasis to the range of possibilities that exist during the third phase.

A number of fairly distinct levels of organizational follow-up become evident in surveying the literature. The continuum starts at one end where nothing is done after the survey. At the middle of the continuum are those surveys where a few corrective actions result, typically the easy-to-do, obvious things. At the opposite end are the surveys where the follow-up consists of action on all significant results or specific explanations as to why action is not feasible.

This follow-up phase, except in small organizations, is generally assigned to a committee. The committee usually consists of members of management or an especially designed "task group" of management personnel and non-management personnel. Again, the composition of the committee and the extensiveness of their work would vary according to an organization's philosophy of what constitutes good employee relations and to the nature of the survey findings, among other variables. However, the follow-up phase would typically include interpreting the meaning and relevancy of the data, analysis of the problem areas suggested by the data, proposed alternative courses of action, selection and implementation of solutions, and follow-up or evaluation of the implemented changes.

A final and strategically important part of this third phase is communicating the results of the survey and follow-up action to those who completed the survey. If subsequent surveys are anticipated by an organization and/or if an organization wants to reap many of the possible benefits of attitude surveys such as upward communication, this is an absolute must. The individual employee who participated by completing the survey must feel his responses were seriously considered, must know why nothing was done regarding some recommendations, and must be able to relate subsequent changes to the survey results.

This vital communication step can be accomplished a number of ways. The Thermos Company regularly uses attitude surveys. Once the data has been tabulated, evaluated for relevancy, and the nature of the problems indicated, the Company holds meetings first with the supervisors and then with all other employees in order to get an

additional input or feedback from the employees. Then, after further evaluation by management, the results and the proposed action are reported to all company employees.¹²

Other companies report the responses to each question on the survey and also management's plan of action for what they interpreted was the required action indicated by the responses. Some organizations have meetings where the president or another major executive reports the findings and then allows for a question-and-answer period. Other firms prepare detailed reports which are mailed to each employee. The method used to accomplish this step would vary depending on the size of an organization and its management style. However, it should be emphasized that this step is a key part of the survey process.¹³

Participative Approaches to Attitude Surveys

Now that the three phases of attitude surveys as described in the literature have been outlined, one additional concept from this writer's research needs to be highlighted as it has major significance to the objective of this paper.

One of the most novel and reportedly successful attitude surveys reported in the literature was developed by Sweetheart Plastics, Inc., a division of Maryland Cup Corporation, in 1972.¹⁴ While attitude surveys are participative in nature, the survey approach developed by this organization was unique in the total involvement of employees in each phase of the survey process through the use of a special task force.

Sweetheart Plastics had expanded considerably and hired a number of new employees. Management decided to use a survey to

generally measure their employees' attitudes with the specific objective of communicating to each employee that they could participate directly in determining policies and procedures which would affect their work environment. Subsequent to the determination of that objective, the following steps occurred:

(1) The president of the company sent a letter to all employees informing them of the survey which would be designed to assess the organization's strengths and identify areas where improvement was needed. The letter stated that the survey process would be guided by a group of hourly, administrative, and supervisory employees and that the objective was to make "Sweetheart an even better place for all to work."

(2) Twenty people were selected as a representative cross-section of the company to serve on the task group. They did not represent any single groups but collectively they had an excellent knowledge of the company, its people, and its methods of operation.

(3) The task group decided that to meet the general objectives of the survey, a maximum number of employees had to voluntarily participate in the survey so management's sincere interest in knowing the employees' honest opinions -- and its commitment to make improvements based on them -- had to be effectively communicated.

(4) The task force met with the consultants of the firm that had been hired to conduct the survey for the purpose of evaluating the instrument that had been developed and making suggested improvements.

(5) Members of the task force talked informally to employees regarding the importance of taking the survey. Eight hundred out of 1,100 employees voluntarily took the survey.

(6) The consultants completed the statistical data compilations and wrote a thirty-page report.

(7) The consultants met with the task group to answer questions and give information the group might need in working with the report.

(8) The task group evaluated the survey results over a six-week period. Feedback was informally sought from fellow employees and then the group drafted a list of specific, realistic suggestions based on their group work. The prioritized list of recommendations was presented to management.

(9) Key members of management met with the task force and provided them with a commitment for action or appropriate explanation for each recommendation. Where ideas were not feasible or required more study, the task group was told why and when a final decision could be expected.

(10) A special edition of the company's news publication was printed and distributed to all employees. The publication reported the task force's recommendation and the company's responses.

This highly participative experiment in attitude surveys was judged so successful by the management of Sweetheart Plastics that the survey process was established as a recurring project every three years. The task force had been appointed by management the first time but when the second survey was announced in 1976, volunteers were requested for the task force and 95% of the original task force volunteered to serve again.

Only one other experiment with a participative approach was found in the literature. The second example was an unnamed major American light engineering company which operates on both sides of the Atlantic.¹⁵ The firm used a traditional approach in the first and second phase of the survey process but the survey results were then analyzed by a separate committee in each department. Their recommendations were sent to the department managers. Department and branch managers analyzed the recommendations and planned appropriate action which was discussed with the committee and then communicated to all employees. This firm's conclusion was positive like Sweetheart

Plastics and their management planned to implement the concept as a periodic management tool.

The Audie L. Murphy Experiment

The balance of this paper will be devoted to the experiment which was established at the Audie L. Murphy Memorial VA Hospital to determine if the participative approach to employee attitude surveys could be successfully implemented in a federal hospital setting and if the results would be significantly superior to those that might have been achieved from a traditional survey approach.

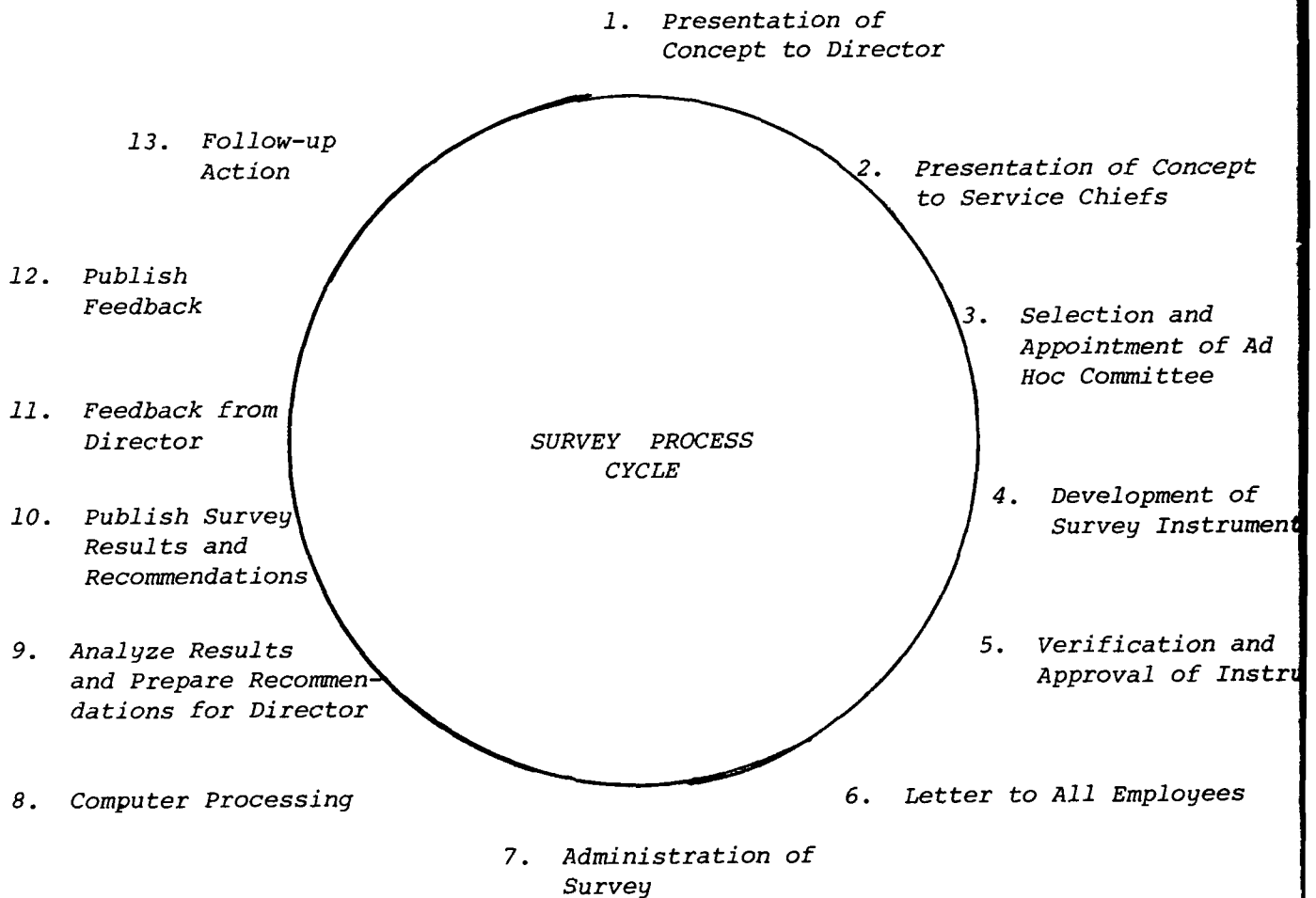
In order to evaluate the experiment, the following criteria were established as a measure of the degree of success achieved:

- (1) Most of the possible benefits of using attitude surveys, according to the literature, are achieved with only minimal disadvantages.
- (2) The top management of the hospital and the Service Chiefs find this approach acceptable and the results useful in their management roles.
- (3) Feedback from employees must be generally positive and they must feel they have participated in bringing about change in their working environment.
- (4) The survey committee members are in general agreement as to the merits of this approach.

The steps of the survey process which will be discussed in Chapter II are shown in Figure 1. While this report will only include steps 1 through 8, the final steps will be discussed as to their planned implementation. Most of the analysis presented in the paper will be that of this writer's as the committee's evaluation and analysis

is still in progress at this time. The paper will conclude with a summary and evaluation of the survey process to date and a few recommendations.

TABLE 1



FOOTNOTES

¹Stephen Habbe, Following Up Attitude Survey Findings, Personnel Policy Study No. 181, National Industrial Conference Board Inc., New York, 1961, p. 2.

²Charles N. Weaver, "What Workers Want from Their Jobs," Personnel, May-June 1972, p. 49.

³Robin Palmer, "A Participative Approach to Attitude Surveys," Personnel Management, December 1977, p. 26.

⁴Price Pritchett, "Employee Attitude Surveys: A Natural Starting Point for Organizational Development," Personnel Journal, April 1975, p. 202.

⁵Robert V. Goode, "How to Get Better Results from Attitude Surveys," Personnel Journal, July 1974, p. 188.

⁶Martin T. Kenny, "Public Employee Attitude Toward the Four-Day Work Week," Public Personnel Management, March-April 1974, pp. 159-161.

⁷Joseph Mire, "Workers' Morale in Japan," Monthly Labor Review, June 1975, pp. 49-53.

⁸Duane E. Thompson and Richard P. Borglum, "A Case Study of Employee Attitudes and Labor Unrest," Industrial and Labor Relations Review, October 1973, pp. 74-83.

⁹Richard A. Morano, "Opinion Surveys: The How-to's of Design and Application," Personnel, September-October 1974, pp. 8-15.

¹⁰Habbe, p. 73.

¹¹J. B. Rhinehart, et al., "Comparative Study of Need Satisfaction in Government and Business Hierarchies," Journal of Applied Psychology, June 1969, p. 230.

¹²Habbe, pp. 48-51.

¹³John C. Aplin, Jr., "Feedback: Key to Survey-Based Change," Public Personnel Management, May-June 1975, pp. 524-530.

¹⁴Elizabeth D. Howe, "Opinion Surveys: Taking the Task Force Approach," Personnel, September-October 1974, pp. 16-23.

¹⁵Robin Palmer, "A Participative Approach to Attitude Surveys," Personnel Management, December 1977, pp. 26, 27, 37.

II. DISCUSSION

The Steps of the Survey Process

The survey process started in October 1978. The first step was accomplished by presenting a formal proposal to the Director of the Hospital, Mr. Jose R. Coronado, several of his staff members and the two Trinity administrative residents assigned to the Hospital. Mr. Coronado expressed enthusiasm for the concept of a participative approach and felt that now that the Hospital was fully activated, an employee attitude survey could be very beneficial in providing a profile of the Hospital's work environment. Approval was given both for the project and a tentative calendar which projected the survey process (steps 1 through 11) to take place from February through April 1979.

In late January, the concept was presented to all the Hospital's service chiefs at one of the Director's bi-weekly staff meetings. Although some reservations were expressed about attitude survey in general, there was no opposition to this experiment with a participative approach to this management tool.

Step three was accomplished by this resident selecting 14 Hospital employees who would, based on recommendations received from various sources, be able to contribute to a participative, original committee and also represent the various salary levels, job types, and ethnic groups that exist within the ranks of the non-physician, non-supervisory employees of the Hospital. A union representative was also requested to be a member of the group. The Employee Attitude Survey

Committee was appointed by the Director in Hospital Bulletin No. 9, dated February 1, 1979. Dr. Rodney Baker, Chief of the Psychology Service, was asked to serve as the technical advisor to the Committee.

The Committee's initial meeting was used to begin molding the group together and to introduce the project in detail to the Committee members. At this point, the members were told their participation in the experiment was strictly voluntary and they could withdraw if they desired to do so. All members expressed considerable interest in the concept and a willingness to contribute to the project.

This writer had decided to use a tailored-made survey instrument because of the available expertise of Dr. Baker and the participative approach to the survey, so the first task of the Committee was to develop the instrument. The group was divided into smaller groups, each with a task of developing tentative questions for specific sections of the survey including supervisory-employee relationships, training and promotions, job attitudes, and working conditions. The sub-groups were given instruction by Dr. Baker on making up questions and were also given a number of sample survey instruments as resource aids.

After three weeks of work, which included several meetings of the sub-groups and the Committee as a whole, questions were proposed and refined in the development of a survey instrument which consisted of sixty-eight questions that included a total of 101 variables. Dr. Baker further refined the wording and structure of some questions and then the instrument was given final approval by the Committee. Next, the survey was sent to Mr. Coronado who approved the instrument as submitted. While the Director had some reservations on a few

questions, he felt the survey which was to be presented to the employees should be the Committee's product.

In the sixth step of the survey process, the forthcoming survey was publicized to the employees of the Hospital. The publicity was built around the title of "Operation Tell It Like It Is". Posters, a display case showing a sample of the survey instrument, an article in the employee newsletter, informal communication from Committee members to their peers, and a Hospital Information Bulletin (Appendix B) from Mr. Coronado which explained the survey, encouraged the employees' participation, and gave his commitment to respond to each recommendation that would subsequently be made by the Committee, constituted the Committee's efforts to insure the employees would know the survey was being given and would voluntarily complete it. The Committee felt that at least fifty percent of the eligible employees needed to complete the survey if it was to provide a representative gauge to actual employee feelings and opinions.

The survey was administered to the employees during the week of March 18-24, 1979. After considering various alternatives, the Committee decided to let each service chief set up a time or times during that week and a place to administer the survey. Members of the Committee were scheduled to go to the various services during the requested times to give the survey. The completed surveys were placed in sealed boxes or envelopes and returned to a central area. Prior to administering the survey, the employees were again told about the purpose of the survey, the subsequent steps in the survey process, and the anonymous aspect of the survey. The completed survey instruments

were taken to the Academy of Health Sciences at Ft. Sam Houston where arrangements had been made to process the survey results through a computer.

The response rate on the survey exceeded the Committee's most optimistic predictions. There are approximately 1250 non-physician, non-supervisory employees in the Hospital. Assuming that at least ten percent of that number were not available due to leave status or work requirements when the survey was given in their service, about 1100 employees could have opted to take the survey. 842 employees did take the survey for a response rate of nearly 80 percent.

The survey process was unexpectedly delayed in step eight when the computer capability at the Academy of Health Sciences proved inadequate to compute and analyze the amount of data within the survey instruments. However, timely assistance from this resident's faculty advisor and his staff overcame the obstacle and the survey results were processed through the use of another computer.

The computer processing generated 188 pages of computer print-outs. The analysis was organized according to the information which the Committee had requested in the way of comparisons and data they wanted to see from the responses. A breakout of the responses to each question was provided along with the mean, mode, kurtosis, and range of responses for each question. Additionally, a number of responses to specific questions were cross-tabulated and presented with some statistical tests to suggest the strengths of the association of various variables which were evaluated together for possible relationships. The computer printout was given to the Committee for further analysis on May 14, 1979.

The Committee will complete its analysis and present a list of prioritized recommendations to Mr. Coronado by June 8, 1979. The survey results and the Committee recommendations will be communicated to the Hospital's employees in a special edition of the Hospital's employee newsletter. When the Director gives the Committee his responses to each of their recommendations and as action related to the survey results occur, it will be recommended that these items also be communicated to the employees in subsequent issues of the newsletter.

Analysis of Survey Results

Appendix C contains a copy of the survey instrument. There are two numbers given for each response to each question. The first number shows the number of employees who selected that response and the second number is the percentage of the total number who answered that question and selected that response.

The discussion which follows is designed to provide a summary of the survey results and an analysis of the data. While it is recognized that the ultimate decision as to what can be considered an acceptable level of approval or what level of disapproval would warrant concern on any particular question must be left to management, some possible areas of interest or significance will be noted when deemed appropriate in this writer's judgment.

Section I-Background Information

This section was included to provide certain demographic data on those who completed the survey. The female/male ratio of those who took the survey was about 60/40. While each employee indicated

the service they were administratively assigned to, it was decided by the Committee that the nine services that had the most participants would be separately identified in cross-tabulations. (The services with the most participants were: Nursing-296, MAS-87, Building Management-69, Supply-53, Engineering-49, Medical-38, Laboratory-32, Social Work-23, and RMS-19.) The responses of employees in all other services would be collectively identified as "all other" for the cross-tabulations. This prevented responses from employees in very small services in being identified which would have violated the confidentiality of the responses.

The responses to the remaining questions from the first section are summarized on table 2.

It is interesting to note the high education level of even non-supervisory employees found in a hospital. About 85 percent of the employees had at least some post-high school education or training. Also, even though this Hospital is relatively young, one third of its employees have had at least 10 years experience in the health care field.

Section II-Supervisory/Employee Relationships

The second section of the survey was designed to assess supervisor/employee relationships. In general a majority of the employees feel positive about their supervisors. In ten out of thirteen questions the majority of employees selected responses that are judged positive. The employees feel particularly positive about feeling free to talk to their supervisors about work related problems (84% positive), about their supervisors allowing them freedom to use their own judgment

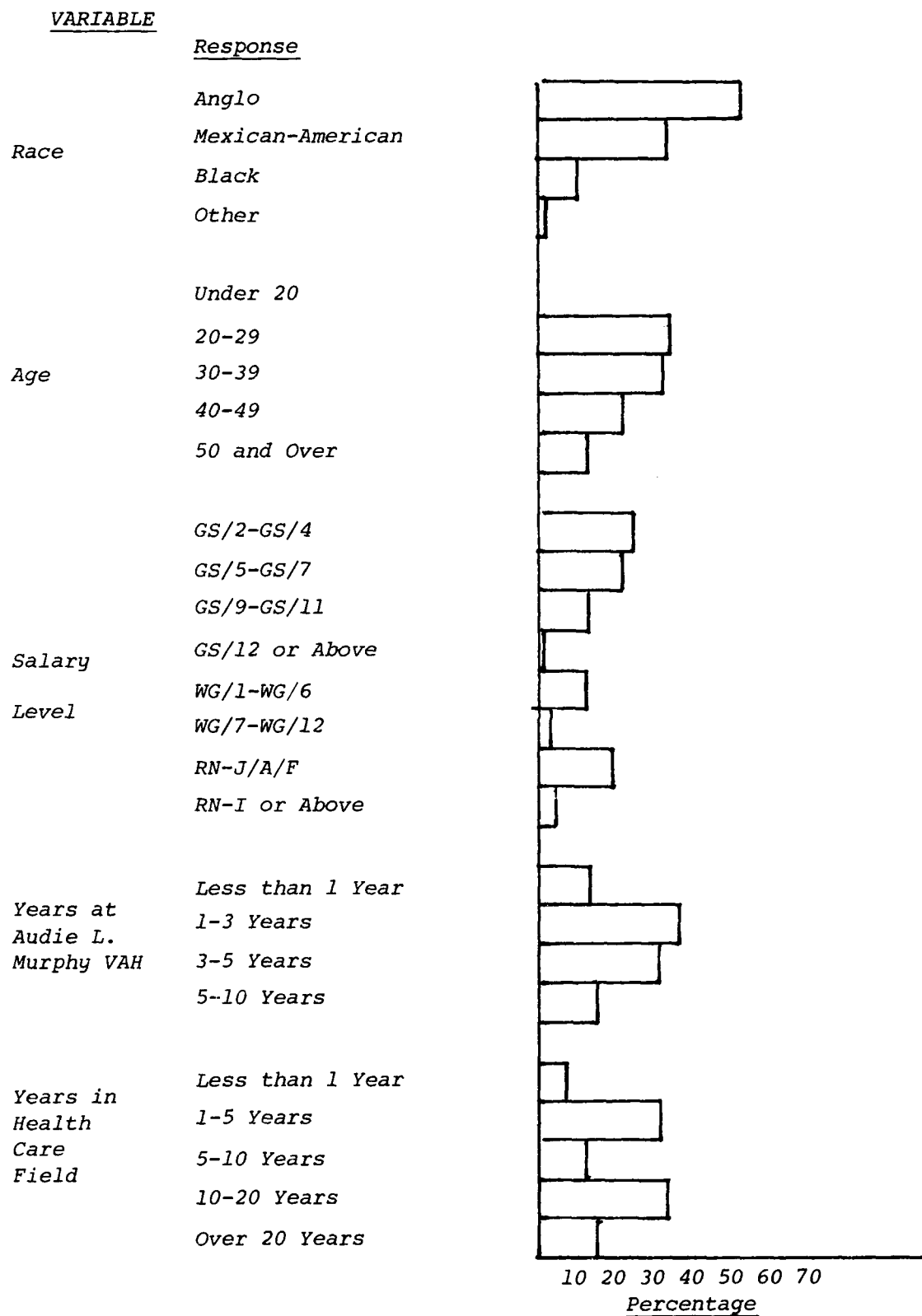


TABLE 2
Summary of Section I Responses

(83% positive), and about knowing the amount and quality of work that is expected of them (91% positive). At the opposite end of the scale the employees feel least positive about the frequency of their supervisors giving praise and pointing out errors (51% negative) and the frequency of when the supervisors allow the employees to participate in deciding how work should be done (54% negative). Only 50 percent of the employees felt that the assistance and guidance they receive from their supervisors is either "excellent" or "good." Another question that merits attention because improvement is relatively easy to achieve is the question asking how often employees get feedback on performance. Only 59 percent of the employees think they get a performance evaluation at least once a year. Since an annual performance evaluation is required of all employees it must be concluded that many of the employees are being evaluated without the employees knowing it has happened.

Question 13 in this section is somewhat of a total evaluation of supervision. Only 54 percent of the employees gave a definitely positive response to this question. Since the results on most of the other questions in this section were significantly more positive, 70 percent or more, the survey leaves the writer wondering what other supervisory/employee relationships not covered by the survey are detracting from a better supervisory evaluation. However, of the specific items questioned by the survey, it would seem reasonable to say that greater attention to participative methods, more frequent and better identified performance feedback, and individual assistance and guidance would measurably enhance the employees' perception of their supervisors.

Finally, question 13 was further analyzed by the age, race, service, and salary level of those who responded. All cross-tabulations were evaluated at a 95 percent confidence level. In the case of this question there was positive association evident between each of these variables and the responses to the question. Comparatively, the age group over 50 feel the best about their supervisors and the age group from 20-29 feel the most negative about their supervisors. The Black employees followed closely by the Anglo employees were the most positive in their response to this question while the Mexican-Americans were the most negative by 12 percent in their response. Table 3 shows the comparison of positive responses by service to this question.

<u>SERVICE</u>	<u>PERCENTAGE</u>
RMS	32
Medical	49
Building Management	28
Engineering	34
MAS	40
Nursing	67
Supply	43
Laboratory	47
Social Work	78
All Others	50

TABLE 3
Positive Responses to Question Thirteen
By Service

Comparing responses by salary level the average positive response rate for GS employees to this question was 64 percent compared to 62 percent for the nurses and 25 percent for wage-grade employees.

Section III-Training and Promotions

The next section of the survey evaluated perceptions of training

and promotions at the Hospital. Overall, the employees' perception of this aspect of their work environment cannot be considered positive.

The specific areas include the following:

1. 70 percent of the employees did not think there is sufficient career mobility.
2. About 70 percent do not know the Personnel Specialist who has been assigned to their service nor do they feel satisfied with the services/information provided by the staff of the Personnel Service.
3. 55 percent of the employees do not think a selecting official would fairly consider them for a job vacancy for which they were qualified.
4. 64 percent feel attempts to do outstanding work are unappreciated.
5. Only 40 percent received hospital-sponsored training during the past year and 60 percent do not feel they are adequately informed about training opportunities.
6. Less than 15 percent are familiar with or have applied for 813 funds.

The question on career mobility was evaluated by cross-tabulation to the sex, age, race, service, education level, and salary level of the employees. There was no significant level of association between sex or race in regard to the responses but the other relationships were significant. At least 70 percent of all age groups except the 50 and over group feel there is not adequate career mobility. The percentage of those who feel career mobility is inadequate is broken down by education, salary level, and service on table 4.

Question 8 of this section which asks for feelings about the existence of discrimination among selecting officials in filling job vacancies was cross-tabulated by sex, age, race, service, and salary

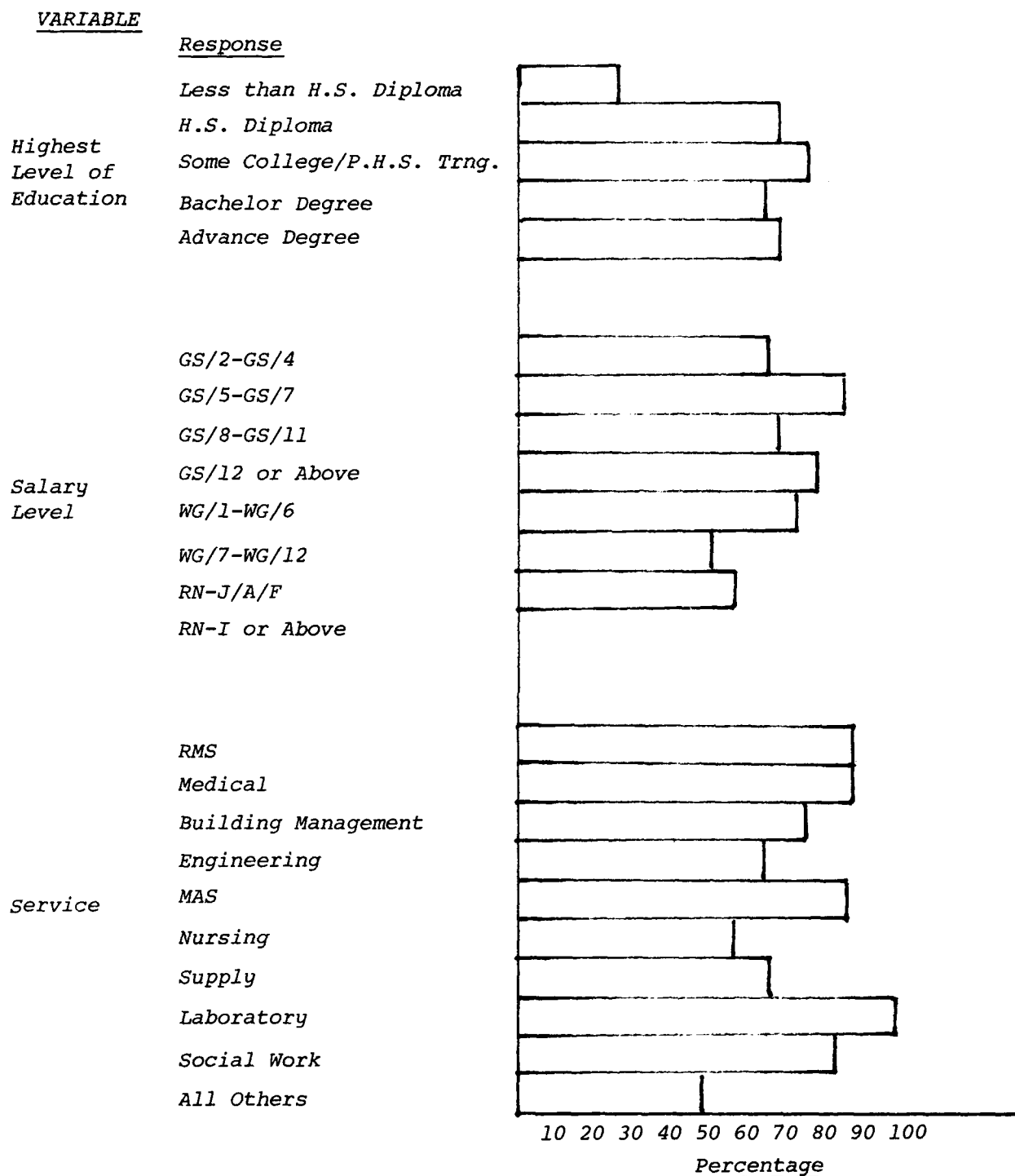


TABLE 4
Percent of Those Who Feel Career Mobility is Inadequate By
Education, Salary Level, and Service

level. It is interesting that the responses to this question whether broken down by age, sex, or race all show that the major concern about discrimination is perceived to be one's level of education. Considering this question by salary breakdown an average of 47 percent of the GS employees compared to 61 percent of the nurses and 30 percent of wage-grade employees feel there is no discrimination. In each category the lower-paid employees feel there is more discrimination. Table 5 shows the percentage by service who feel there is no discrimination.

<u>SERVICE</u>	<u>PERCENTAGE</u>
RMS	33
Medical	58
Building Management	17
Engineering	45
MAS	28
Nursing	51
Supply	34
Laboratory	40
Social Work	50
All Others	54

TABLE 5
Percent of Employees Who Feel There is No Discrimination in Selections
By Service

The breakdown of question 13 of this section by race is interesting. 54 percent of the Anglo employees who applied for 813 funds compared to 38 percent of the Mexican-Americans, and only 17 percent of the Blacks had their requests approved. Also 52 percent of the women compared to 38 percent of the men had their requests for funds approved. The breakdown of this question by service also shows some significant facts as shown in table 6.

<u>SERVICE</u>	<u># OF EMPLOYEES APPROVED FOR FUNDS</u>	<u>PERCENTAGE OF REQUESTS APPROVED</u>
RMS	4	67
Medical	1	14

Table 6 Continued

<u>SERVICE</u>	<u>#</u>	<u>PERCENTAGE</u>
Building Management	2	17
Engineering	4	67
MAS	1	13
Nursing	11	28
Supply	4	25
Laboratory	2	50
Social Work	15	83
All Others	30	70

TABLE 6
 Approvals of Requests for 813 Funds
 By Service

Since the objective of 813 funds is to improve patient care, it seems inconsistent for nurses who provide the greatest percentage of direct patient care to only have eleven employees who have been approved for 813 funds.

Question 15 of this section which was cross-tabulated by service and salary level needs to have the responses clarified a little. Nurses are excluded from the Hospital's Merit Promotion Plan and therefore would not be expected to be very familiar with the Plan. If you subtract the 179 nurses who indicated they were not familiar with the Plan from the total number not familiar with the Plan, it leaves a balance of 275 instead of the 454 indicated in the summary figures shown in appendix c. However, table 7 shows that considerable ignorance does exist in those services where the employees are eligible for merit promotion.

<u>SERVICE</u>	<u>PERCENTAGE</u>
RMS	56
Medical	50
Building Management	62
Engineering	44
MAS	51

Table 7 Continued

<u>SERVICE</u>	<u>PERCENTAGE</u>
Nursing	63
Supply	28
Laboratory	71
Social Work	52
All Others	55

TABLE 7
Percentage of Employees Not Familiar With
Merit Promotion Plan By Service

The cross-tabulation by salary level indicated that 50 percent of those in the GS-2 through 4 level, 48 percent of those in the GS-5 through GS-7 level, and 56 percent of those in the WG-1 through WG-6 level are not familiar with the Plan. Again, these are the major groups affected by the Plan.

Those who indicated they were familiar with the Merit Promotion Plan gave some definite directions regarding their perception of the Plan. Eighty-two percent feel there is not adequate feedback to those not selected. The employees were about split in their opinions as to whether the Plan gives too much stress to the supervisor's evaluation, education, and incentive awards, but almost 70 percent indicated experience should be given more stress.

Section IV - Job Attitudes or Situations

Question 1 in this section which had a definite predominance of negative responses (64 percent) was cross-tabulated by sex, age, race, service and salary level. There was no significant relationships with the first three variables. The positive responses by service and salary level are shown in table 8.

<i>SERVICE</i>		<i>SALARY LEVEL</i>	
<u>Service</u>	<u>Positive Response Rate</u>	<u>Salary Level</u>	<u>Positive Response Rate</u>
RMS	24	GS-2 thru GS-4	28
Medical	33	GS-5 thru GS-7	35
Building Management	25	GS-8 thru GS-11	42
Engineering	26	GS-12 and Above	50
MAS	16	WG-1 thru WG-6	28
Nursing	46	WG-7 thru WG-12	23
Supply	19	RN: Jr-Assoc-Full	46
Laboratory	41	RN:Intermediate	47
Social Work	30		
All Others	42		

TABLE 8
Positive Responses As to Whether Personnel
Policies/Procedures are Applied Equitably
By Service and Salary Level

There seems to be a strong mandate to improve several aspects of the Food Canteen. A majority of the employees were satisfied with only two areas of those surveyed: cleanliness (54 percent) and condiment island (58 percent). In all other areas the response was definitely negative. The unsatisfactory areas were quality of food (78 percent dissatisfied), choice of menu (74 percent), prices (82 percent), waiting time in lines (71 percent), and seating capacity (71 percent). Also, 74 percent of the employees felt the policy of inpatients staying out of the Canteen between 11:00 A.M. and 1:15 P.M. needs to be more adequately enforced.

According to the responses to question 4 in this section, the four items employees are most interested in gaining additional information on are upward mobility (62 percent would like more information), retirement benefits (45 percent), grievance rights and procedures (37 percent), and suggestion submissions (32 percent). A cross-tabulation between the interest expressed in learning more about

upward mobility and salary levels resulted in an expected correlation. Employees most interested in this information were those of salary level GS-2 through GS-4 (70 percent), GS-5 through GS-7 (73 percent), and WG-1 through WG-6 (64 percent). Cross-tabulations regarding the Hispanic, Black and Federal Womens' Programs provided some data that may be of help to those program coordinators. The race breakdown of interest in learning more about the Hispanic Program was Anglo (2 percent), Mexican-American (41 percent), Black (7 percent), and Other (15 percent). For the Black Program, the breakdown was Anglo (1 percent), Mexican-American (3 percent), and Black (62 percent). Thirty-seven percent of the females and 4 percent of the males would like more information on the Federal Womens' Program.

Table 9 shows the Services which had the most employees wanting more information on grievance rights and procedures.

<u>SERVICE</u>	<u>PERCENT</u>
RMS	26
Medical	39
Building Management	69
Engineering	23
MAS	37
Nursing	35
Supply	49
Laboratory	28
Social Work	30
All Others	26

TABLE 9
Percentage of Employees Wanting More
Information on Grievances by Service

A breakdown of responses to this question by salary level correlates with the above table as the WG-1 through WG-6 level showed most interest (69 percent), followed by the GS-2 through GS-4 level (40 percent).

Several questions in this section provided some feedback on employee morale and attitudes. Less than half (44 percent) of the employees rated teamwork within their service, teamwork between services, or attitudes of the employees as being either "excellent" or "good". Table 10 shows the breakdown of responses regarding teamwork within the respective services.

<u>SERVICE</u>	<u>POSITIVE RESPONSES</u>
RMS	41
Medical	57
Building Management	23
Engineering	53
MAS	42
Nursing	42
Supply	42
Laboratory	47
Social Work	52
All Others	48

TABLE 10
Percent of Positive Responses Regarding
Teamwork Within Services By Service

An impressive 93 percent of the employees have a good self-image of their role in the Hospital (question 13), but 32 percent of the employees do not perceive others as having a positive image of their role (question 14). In response to question 19, there were 40 percent of the employees who either "frequently dread" or "most of the time hate" coming to work each day. Three-fourths of the employees feel satisfied about their ability to use annual leave when they want it. The only two services where the positive responses were not that high were Building Management (32 percent) and RMS (67 percent).

Only 67 percent of the employees stated that they have a copy of their current position description. Table 11 shows those responses by Service.

<u>SERVICE</u>	<u>PERCENT HAVING POSITION DESCRIPTIONS</u>
RMS	77
Medical	86
Building Management	58
Engineering	79
MAS	52
Nursing	43
Supply	60
Laboratory	66
Social Work	78
All Others	74

TABLE 11
Percentage of Employees Possessing Copies of Their
Current Position Description By Service

Forty percent of the employees felt their position description accurately described the work they are performing and 40 percent agree that their grade level agrees with the job they are doing.

This section also measured a number of miscellaneous aspects. Almost half of the employees have not seen a copy of the current Union contract and only 20 percent know where the Union Office is located. Seventy-one percent of the employees read the El Paisano at least sometimes and the same percentage feel it should continue to be published monthly. Almost 60 percent of the employees are ignorant regarding the existence and benefits provided by the Employee Association. Most employees (including those in each service according to a cross-tabulation) feel service meetings should be held at least monthly.

Responses to Question 17 indicated a high interest in the development of professional counseling in the areas listed. Particularly noteworthy is that 90 percent of the employees felt career counseling should be offered.

Section V - Working Conditions

Most employees are satisfied about their physical work environment. The one area where most expressed dissatisfaction was air conditioning in hot weather. Twenty-seven percent rated this aspect as only "fair" and the same percentage rated it as "poor". Another response that is of some consequence is that 43 percent of the employees who took the survey do not completely understand the fire alarm code system. Table 12 shows those services where there is a lack of understanding of this basic safety system.

<u>SERVICE</u>	<u>PERCENT WHO LACK UNDERSTANDING</u>
RMS	35
Medical	62
Building Management	62
Engineering	41
MAS	57
Nursing	27
Supply	37
Laboratory	37
Social Work	70
All Others	49

TABLE 12
Percent of Employees Who Do Not Fully Understand
the Fire Alarm Code By Service

Forty-six percent (48 percent of the females and 42 percent of the males) indicated they did not know what to do if physically attacked by a patient. Breaking these responses down by service indicated only employees in the Nursing, Social Work, and Engineering Services had at least 65 percent of their employees who knew how to respond if attacked by a patient.

III. CONCLUSION AND RECOMMENDATIONS

Conclusion

In retrospect, this resident feels very positive about the value of the experiment described in this paper. The criteria that were established to judge the successfulness of the project have either been met or the status is pending with positive prospects. Eight hundred and forty employees have had an opportunity to express their opinions and attitudes on 100 different aspects of their work environment. The responses can be considered generally accurate because of the stress given to the anonymous aspect of the survey. This is the first attempt at both a systematic and comprehensive employee attitude survey since the Hospital opened its door some six years ago. The larger services have been compared in several areas and employees will have a sense of participation if they see changes occurred because of the survey. Understanding of policies and procedures has been evaluated, employee concerns have been identified, and strengths have been assessed. Further, management has made a commitment to study the responses and respond to recommendations based on the survey findings.

Much of the response of both employees and supervisors to this experiment is still undetermined at this point. However, assuming a positive response from the Director to the recommendations that are now being formulated by the Survey Committee and projecting the results of the planned feedback to the employees, it is this resident's opinion

that both the employees and management will rate the project successful and the participative approach a viable method in a federal hospital setting.

The particular strengths of a participative approach to attitude surveys based on this project are as follows:

1. Providing some expertise is available for establishing the validity of a survey instrument, there is merit in the employees, through a committee of peers, developing the questions for the survey. The resulting survey instrument is more representative of the specific areas of employee concern and worded in a way that the employees can understand.

2. The participation rate of those willing to take the survey is increased through communicating the idea that the survey is the work of a committee of peers.

3. Since the survey responses came from non-supervisory, non-physician employees, it is valuable for a committee of this same group to interpret and evaluate the tabulated response results and then to suggest what appropriate action would be indicated.

4. The entire project gains credibility by management giving a written commitment at the very outset that they will evaluate the survey results carefully and respond to each recommendation made by the committee of employees.

5. The collective judgement of a committee representing various salary levels, services, ethnic groups, and experience

backgrounds, is superior to that of a single individual particularly in the formulation of the survey instrument, the formulation of recommendations from the results, and the informal communication to peers at various steps of the survey process.

A brief note should be made regarding the costs associated with this survey as that aspect must be weighed against the benefits derived. All costs except those directly associated with the development of the computer program and the computer processing which were accomplished at Fort Sam Houston and the Academy of Health Sciences are estimated as follows:

1. Man-hours used by the Survey Committee: 240.

The GS-average, comparable level for the committee was GS-7, so these hours represent a cost of about \$1496. (Off-duty hours contributed by the committee are not included.)

2. Man-hours used in coding the responses: 100.

The GS-average level of those doing the coding was GS-4, so these hours represent a cost of about \$450.

3. Man-hours used in taking the survey: 20 minutes

per employee or 280 hours. The GS-average, comparable level was GS-7, so these hours represent a cost of about \$1756.

4. Reproduction costs, including production of the

survey instrument, publicizing the survey, providing feed-

back to the employees and management, and xeroxing material for the committee: \$300.

Thus, the total experienced and projected costs of the project, excluding the computer costs, is estimated at \$4000.

It is felt that subsequent survey projects should benefit from the experience of this initial attempt and the data from this survey should serve as a useful base line for future response results.

Recommendations

The general recommendations are:

1. That an employee attitude survey be administered to the non-supervisory, non-physician employees of the Hospital every three years and that the participative approach and survey process used in this project be utilized. The survey instrument and results of this survey should also be used as tools in future surveys.

2. That the responses from the Director to the Survey Committee's recommendations and that subsequent actions related to the survey results be publicized through the El Paisano.

3. That all service chiefs and top management personnel be furnished with a copy of the compilation of the survey results and the analysis section of Chapter II of this report.

4. That the Management Analyst's Office be charged with the responsibility of following-up on all proposed actions provided by the Director to the Survey Committee's recommendations.

The top fourteen prioritized, specific recommendations which this writer feels are justified by the survey results are:

1. That a positive, active internal public relations committee be developed within the Hospital. This committee should be charged with developing a better image of career mobility, promotion requirements, fairness of merit promotions, and concern for the needs of the employees which were expressed in the survey results. It is this writer's opinion that our work environment is better than the employees perceive, so some marketing is needed.

2. That all supervisors receive the required 80 hours of supervisory training and any needed advanced training. That this training emphasize at least those areas in Section 2 where positive responses were not received from 60 percent of the employees. That all wage-grade supervisors are included in this training.

3. That a committee of employees should be charged with evaluating the Food Canteen and seeing what feasible changes might be recommended to enhance the perception of this area.

4. That the Education and Training Committee be charged to address the training concerns expressed in the survey results. The possibility of sponsoring a GED High School

Program and Hospital-based college courses should be explored.

5. That the Hospital provide professional counseling in the areas specified in question 7 of Section IV of the survey. Priority should be given to those areas receiving the most interest starting with career counseling.

6. That more frequent and definitive feedback be given to employees regarding their performance.

7. That the Personnel Service develop a public relations program which could be presented in Service Meetings by the Personnel Management Specialists. The program should include information on retirement benefits, the upward mobility program, position descriptions, how to be informed of job or promotion possibilities and other topics suggested by the survey results.

8. That the Merit Promotion Plan be rewritten to give greater emphasis to experience and that employees not selected for promotion be given counseling as to deficiencies which may have resulted in their not being selected.

9. That Service meetings should be held at least on a monthly basis and be used as a major tool in upward and downward communication in the Hospital.

10. That employees have an opportunity to see other Hospital employees in different roles so that the importance of each Hospital employee is better appreciated by all.

APPENDIX

APPENDIX A CONFERENCE BOARD'S STUDY ON ATTITUDE SURVEYS

Attitude-survey Experience of 155 Companies

A summary, in tabular form, of answers to The Conference Board's questionnaire

	No. of Cos.	Group 1*	Group 2*	Group 3*	Comment
Table 1. Number of Surveys Made					
1.....	35	2	1	32	Eight companies had made twenty or more surveys; one company reported making 114 surveys.
2-5.....	76	12	11	53	
6-10.....	25	6	5	14	
Over 10.....	17	3	2	12	
Number answering.....	153				
Table 2. Dates of Surveys					
Before 1955.....	39	2	0	37	It will be noted that a large majority of the surveys were made since 1955.
1955 or after.....	113	21	19	73	
Number answering.....	152				
Table 3. Which Employees Were Surveyed?					
Certain groups only.....	49	3	3	43	There seems to be a definite trend to include all groups and all levels of employees when making a survey.
All departments except one or two.....	18	4	4	10	
Everyone on payroll.....	87	16	11	60	
Number answering.....	154				
Table 4. How Many Subjects Were Covered?					
Many.....	133	22	16	95	All but one of the "strong follow-up companies" asked questions on many subjects.
A few.....	20	1	3	16	
Number answering.....	153				
Table 5. Type Survey					
Written questionnaire.....	119	19	17	83	It is generally agreed that it is easier to follow through after a questionnaire survey than after the oral-interview type.
Oral interview.....	10	1	0	9	
Combination.....	23	2	2	19	
Number answering.....	152				
Table 6. Who planned the Questions Asked?					
The company.....	43	7	5	31	Formulating the questions is most often an undertaking involving two or more persons.
The consultant.....	39	4	1	34	
Both or others.....	72	11	13	48	
Number answering.....	154				
Table 7. Who Administered the Survey?					
The company.....	61	11	8	42	Company personnel ordinarily administer their own surveys and also the survey forms which are sold commercially.
The consultant.....	69	8	6	55	
Both or others.....	23	4	3	16	
Number answering.....	153				

Attitude Survey Experience of 155 Companies (continued)

	No. of Cos.	Group 1*	Group 2*	Group 3*	Comment
Table 8. Who Interpreted the Survey Findings?					
The company.....	55	12	7	36	Ditto for the interpretation, but to a lesser extent.
The consultant.....	62	5	6	51	
Both or others.....	38	6	6	26	
Number answering.....	155				
Table 9. Were the Employees Told of the Survey Advance?					
Yes.....	120	19	16	85	Usually one to ten days advance notice was given.
No.....	35	4	3	28	
Number answering.....	155				
Table 10. Were There Any Union Members in the Survey?					
Yes.....	77	12	9	56	Half the companies had unions, but the union factor did not seem to affect the survey follow-up picture.
No.....	78	11	10	57	
Number answering.....	155				
Table 11. What Per Cent of Those Surveyed were Union Members?					
1 to 20%.....	15	3	3	9	In sixty-one of the companies, there were more than a few union members. No relation between concentration of union membership and follow-through is discernible.
21 to 80%.....	49	7	6	36	
81 to 100%.....	12	2	0	10	
Number answering.....	76				
Table 12. Attitude of Union Before Survey					
Favorable.....	32	4	4	24	Fifteen companies said the union attitude was better after the survey than before. Only one company said the attitude deteriorated. This company is in Group 3.
Indifferent.....	26	4	3	19	
Antagonistic.....	4	0	1	3	
Unknown.....	15	4	1	10	
Number answering.....	77				
After Survey					
Favorable.....	39	6	5	28	
Indifferent.....	19	2	3	14	
Antagonistic.....	2	0	0	2	
Unknown.....	17	4	1	12	
Number answering.....	77				
Table 13. How Accurate a Picture of Employee Attitude did Survey Yield?					
Very accurate.....	42	7	6	29	Ninety-six per cent of the companies felt their survey findings were "reasonably accurate" or "very accurate."
Reasonably accurate.....	107	16	13	78	
Not very accurate.....	6	0	0	6	
Number answering.....	155				
Table 14. Did Management Learn Any Significant Things from the Survey?					
Yes.....	123	19	17	87	Most companies believed their surveys were worthwhile in terms of what was learned from them. It is surprising to note that four Group 1 companies reported learning nothing of significance.
No.....	20	4	1	15	
Number answering.....	143				

46 Attitude Survey Experience of 155 Companies (continued)

	No. of Cos.	Group 1*	Group 2*	Group 3*	Comment
Table 15. Did Management Decide in Advance to "Do Something" about the Findings, if Action Was Indicated?					
Yes.....	145	23	18	104	Apparently the time when companies made surveys "just to see what our employees are thinking" is about at an end.
No.....	6	0	1	5	
Number answering.....	151				
Table 16. After the Survey, Was Someone (or a Committee) Assigned to Follow Through?					
Yes.....	145	23	19	103	This response follows logically from the answer to the last question.
No.....	7	0	0	7	
Number answering.....	152				
Table 17. How the Survey Findings Were Used					
Discussed by top management.....	149	23	17	109	Almost all the companies did <i>something</i> about their findings. Several dozen different things were done by one or more companies. The most common follow-up activities are shown in this table. Others are listed in the text.
Used to review company's personnel policies and practices.....	109	18	15	76	
Discussed orally with employees.....	98	18	14	66	
Used in training meetings.....	81	13	16	52	
Written up in separate booklet.....	56	9	10	37	
Written up in house organ.....	48	11	7	30	
Other.....	28	4	3	21	
Table 18. How Would You Characterize the Follow-up of Your Last Survey?					
Extremely thorough.....	31	11	5	15	Sixty per cent of the companies described their follow-up as "rather thorough" or "extremely thorough." No absolute standard of what constitutes a thorough follow-up exists, of course, but there is no reason to suppose that these companies were not trying to answer the questions as accurately as possible.
Rather thorough.....	65	10	10	45	
Some of the more important findings were followed up.....	54	1	2	51	
Not much follow-up was attempted.....	7	0	0	7	
Number answering.....	157*				

* Group 1 represents companies with the most thorough follow-through; Group 2, companies with a less thorough follow-through; and Group 3, companies with the least thorough follow-through. See the paragraph at the top of the second column on page 14 for further details on this classification.

* Two companies checked two answers to this question. Both were counted.

APPENDIX B - DIRECTOR'S LETTER TO THE EMPLOYEES

VETERANS ADMINISTRATION MEDICAL CENTER

7400 Merton Minter Boulevard

San Antonio, Texas 78284

March 9, 1979

INFORMATION BULLETIN

IB-79-36

SUBJECT: Operation "Tell It Like It Is"

1. We are presently experiencing a rather difficult period in the Veterans Administration's medical facilities. Therefore, it is imperative that we use the skills, knowledge, and ideas of each employee in our Medical Center, and that the working environment at every level be of the nature to enable us to provide quality care to our veteran population.
2. In light of this situation, I have appointed a task force from among your fellow employees to participate in developing a survey to allow every non-supervisory, non-physician employee in the Medical Center to give their anonymous opinions, suggestions, or concerns about aspects of our work environment including training, promotion policies, supervisory relations, working conditions, and job attitudes. The task members are:

DELIA ARZOLA, AFGE Local 3511 Representative
DR. RODNEY BAKER, Advisor
MARILYN BRIDGES, Management Analyst's Office
DONALD CALAMAN, Building Management Service
STUART COLLYER, Director's Office
ANGIE DICKSON, Nursing Service
CINDY GLOCKE, Dietetic Service
MIKE HARRIS, Medical Administration Service
ROBERT MOORE, Personnel Service
ROBERT NARVID, Medical Media Production Service
BILLY PAYTON, Engineering Service
RICHARD PROPP, Rehabilitation Medicine Service
JOE RODRIGUEZ, Supply Service
ROOSEVELT SALTERS, Nursing Service
OLIVIA YOUNG, Library Service

I encourage your questions and participation with these individuals regarding this project.

3. The survey developed by the task group will be administered to all non-supervisory, non-physician employees during the week of March ~~12-16~~, 1979. Your responses will be completely anonymous and your participation will be voluntary, but everyone's response is needed if we are to gain an accurate picture of reality. Each Service will have a meeting(s) during which the survey will be completed. Dates and locations of meetings will be publicized through the respective Services.

APPENDIX C

EMPLOYEE SURVEY

1. BACKGROUND INFORMATION

(THIS PART OF THE SURVEY IS REQUIRED IN ORDER THAT ANSWERS FROM DIFFERENT GROUPS OF EMPLOYEES CAN BE COMPARED, FOR INSTANCE, TO SEE IF YOUNGER EMPLOYEES ANSWER DIFFERENTLY FROM OLDER ONES, ETC.)

1. SEX

<u>100/01</u> FEMALE	<u>350/45</u> MALE
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2. AGE

<u>200/14</u> UNDER 20	<u>375/32</u> 20-29
<u>265/102</u> 30-39	<u>164/22</u> 40-49
<u>112/12</u> 50 OR OVER	

3. RACE

<u>508/53</u> ANGLO	<u>65/10</u> BLACK
<u>255/34</u> MEXICAN-AMERICAN	<u>26/3</u> OTHER

4. LENGTH OF EMPLOYMENT AT THE AUDIE L. MURPHY VA MEDICAL CENTER

<u>120/14</u> LESS THAN 1 YEAR	<u>268/32</u> 1-3 YEARS
<u>213/37</u> 3-5 YEARS	<u>141/17</u> 5-10 YEARS

5. WHAT IS THE HIGHEST LEVEL OF FORMAL EDUCATION YOU HAVE ATTAINED?

<u>20/2</u> LESS THAN A HIGH SCHOOL DIPLOMA
<u>108/12</u> HIGH SCHOOL DIPLOMA
<u>449/53</u> SOME COLLEGE OR POST HIGH SCHOOL VOCATIONAL TRAINING
<u>202/34</u> BACHELOR DEGREE
<u>62/7</u> ADVANCE DEGREE (MASTERS OR DOCTORATE)

6. HOW MANY YEARS OF WORK EXPERIENCE HAVE YOU HAD IN THE HEALTH CARE FIELD?

<u>44/2</u> LESS THAN 1 YEAR	<u>244/32</u> 1-5 YEARS
<u>250/21</u> 5-10 YEARS	<u>123/15</u> 10-20 YEARS
<u>103/12</u> OVER 20 YEARS	

7. WHICH SERVICE ARE YOU ADMINISTRATIVELY ASSIGNED TO?

8. WHAT IS YOUR PRESENT SALARY LEVEL?

<u>200/25</u> GS-2 THROUGH GS-4	<u>91/11</u> WG-1 THROUGH WG-6
<u>163/22</u> GS-5 THROUGH GS-7	<u>27/3</u> WG-7 THROUGH WG-12
<u>107/13</u> GS-8 THROUGH GS-11	<u>163/20</u> RN: JUNIOR-ASSOCIATE-FULL
<u>9/1</u> GS-12 OR ABOVE	<u>41/5</u> RN: INTERMEDIATE OR ABOVE

11. SUPERVISORY-EMPLOYEE RELATIONSHIPS (THE FOLLOWING QUESTIONS RELATE TO YOUR IMMEDIATE SUPERVISOR.)

1. MY SUPERVISOR COULD BENEFIT FROM A MANAGEMENT COURSE.

<u>231/28</u> AGREE STRONGLY	<u>187/23</u> DISAGREE
<u>358/42</u> AGREE	<u>48/6</u> DISAGREE STRONGLY
2. HOW OFTEN DOES YOUR SUPERVISOR ASK YOU HOW THE WORK SHOULD BE DONE?

<u>112/14</u> FREQUENTLY	<u>229/26</u> SELDOM
<u>272/33</u> SOMETIMES	<u>219/26</u> NEVER
3. MY SUPERVISOR MANAGES:

<u>99/12</u> TOO MANY EMPLOYEES
<u>91/11</u> TOO FEW EMPLOYEES
<u>631/77</u> ABOUT THE RIGHT NUMBER OF EMPLOYEES
4. GENERALLY, MY MISTAKES ARE KEPT BETWEEN ME AND MY SUPERVISOR.

<u>125/15</u> AGREE STRONGLY	<u>161/20</u> DISAGREE
<u>435/53</u> AGREE	<u>100/12</u> DISAGREE STRONGLY
5. MY SUPERVISOR IS FAIR IN THE DISTRIBUTION OF WORK.

<u>131/16</u> AGREE STRONGLY	<u>157/19</u> DISAGREE
<u>449/54</u> AGREE	<u>89/11</u> DISAGREE STRONGLY
6. I KNOW WHAT IS EXPECTED OF ME. (AMOUNT OF WORK AND HOW WELL IT IS TO BE DONE.)

<u>325/40</u> AGREE STRONGLY	<u>48/6</u> DISAGREE
<u>432/51</u> AGREE	<u>25/3</u> DISAGREE STRONGLY
7. MY SUPERVISOR ALLOWS ME FREEDOM TO USE MY OWN JUDGEMENT.

<u>240/29</u> AGREE STRONGLY	<u>102/12</u> DISAGREE
<u>453/54</u> AGREE	<u>44/5</u> DISAGREE STRONGLY
8. HOW OFTEN DOES YOUR SUPERVISOR DISCUSS YOUR PERFORMANCE WITH YOU?

<u>173/21</u> SEVERAL TIMES A YEAR	<u>186/23</u> HARDLY EVER
<u>317/38</u> AT LEAST ONCE A YEAR	<u>152/18</u> ONLY WHEN SOMETHING IS WRONG.
9. DO YOU FEEL FREE TO TALK TO YOUR SUPERVISOR ABOUT WORK-RELATED PROBLEMS?

<u>506/60</u> YES	<u>132/16</u> NO	<u>199/24</u> SOMETIMES
-------------------	------------------	-------------------------
10. MY SUPERVISOR:

<u>115/14</u> IS QUICK TO POINT OUT MY ERRORS.
<u>129/15</u> SELDOM GIVES ME PRAISE.
<u>180/22</u> IS QUICK TO POINT OUT MY ERRORS AND SELDOM GIVES ME PRAISE.
<u>411/49</u> NONE OF THE ABOVE.

11. MY SUPERVISOR GIVES ME ASSIGNMENTS WHICH TEND TO INCREASE MY CAPABILITY AND IMPROVE MY OVERALL KNOWLEDGE.

126/15 AGREE STRONGLY 242/29 DISAGREE
367/45 AGREE 89/11 DISAGREE STRONGLY

12. HOW DO YOU RATE THE ASSISTANCE AND GUIDANCE YOU RECEIVE FROM YOUR SUPERVISOR?

167/20 EXCELLENT 253/30 GOOD
239/28 FAIR 182/22 POOR

13. IN TOTAL, HOW WELL WOULD YOU SAY YOUR SUPERVISOR DOES HIS JOB?

161/19 DOES AN EXCELLENT JOB 266/32 DOES A FAIR JOB
293/35 DOES A GOOD JOB 116/14 DOES A POOR JOB

III. TRAINING AND PROMOTIONS

1. THERE IS A SUFFICIENT AMOUNT OF CAREER MOBILITY WITHIN THIS MEDICAL CENTER.

33/4 AGREE STRONGLY 325/39 DISAGREE
217/26 AGREE 253/31 DISAGREE STRONGLY

2. DO YOU KNOW THE PERSONNEL SPECIALIST WHO HAS BEEN ASSIGNED TO YOUR SERVICE?

282/34 YES 544/65 NO

3. DO YOU FEEL FREE TO USE YOUR SERVICE'S PERSONNEL SPECIALIST IN TRAINING, PROMOTION, OR OTHER PERSONNEL NEEDS?

243/30 YES 525/69 NO

4. ARE YOU SATISFIED WITH THE SERVICES/INFORMATION PROVIDED YOU BY OUR PERSONNEL SERVICE STAFF?

207/20 YES 526/69 NO

5. HOW OFTEN DO YOU LOOK AT THE JOB OPPORTUNITIES POSTED ON THE BULLETIN BOARD ON THE FIRST FLOOR?

332/38 AT LEAST WEEKLY 165/15 AT LEAST MONTHLY
267/27 SELDOM 60/7 NEVER

93/12 I DIDN'T KNOW THERE WAS SUCH A BOARD.

6. HAVE YOU RECEIVED MEDICAL CENTER-SPONSORED TRAINING DURING THE PAST YEAR?

334/40 YES 444/59 NO

7. IN YOUR PRESENT JOB YOUR EXPERIENCE, EDUCATION, TRAINING AND ABILITY ARE APPROPRIATELY UTILIZED.

94/11 AGREE STRONGLY 222/28 DISAGREE
158/42 AGREE 154/18 DISAGREE STRONGLY

8. IF A BETTER JOB OPENED UP IN THE MEDICAL CENTER FOR WHICH YOU WERE QUALIFIED, DO YOU THINK YOU WOULD BE FAIRLY CONSIDERED BY THE SELECTING INDIVIDUAL? (CHECK MORE THAN ONE, IF APPLICABLE.)
- | | |
|--|---|
| <u>332/45</u> Yes | <u>42/6</u> No, BECAUSE OF MY SEX |
| <u>101/14</u> No, BECAUSE OF MY AGE | <u>63/9</u> No, BECAUSE OF MY RACE |
| <u>193/26</u> No, BECAUSE OF MY LEVEL OF EDUCATION | <u>-----</u> No, BECAUSE OF MY RELIGION |
9. IF YOU TRY HARD AND DO AN OUTSTANDING JOB, WHAT IS MOST LIKELY TO FOLLOW?
- | | |
|---|--|
| <u>95/12</u> SPECIAL PRAISE OR COMMENDATION | <u>455/55</u> NOTHING, IT JUST SEEMS TAKEN FOR GRANTED |
| <u>202/24</u> A "THANK-YOU" | <u>76/9</u> SOMEONE ELSE TAKES THE CREDIT |
10. ARE YOU INFORMED PROMPTLY AND CLEARLY ABOUT EDUCATION/TRAINING OPPORTUNITIES AVAILABLE TO YOU?
- | | |
|---|--|
| <u>59/7</u> PROMPTLY BUT NOT CLEARLY | <u>106/13</u> CLEARLY BUT NOT PROMPTLY |
| <u>160/19</u> BOTH CLEARLY AND PROMPTLY | <u>483/60</u> NEITHER CLEARLY NOR PROMPTLY |
11. ARE YOU FAMILIAR WITH 813 FUNDS (EDUCATION & TRAINING FUNDS)?
- | | | |
|-------------------|------------------|---|
| <u>250/30</u> Yes | <u>558/67</u> No | <u>27/3</u> WOULD LIKE MORE INFORMATION |
|-------------------|------------------|---|
12. HAVE YOU EVER APPLIED FOR 813 TRAINING FUNDS?
- | | |
|-------------------|------------------|
| <u>116/14</u> Yes | <u>697/85</u> No |
|-------------------|------------------|
13. IF YOU HAVE APPLIED, WERE THE 813 FUNDS APPROVED OR DISAPPROVED FOR YOU?
- | | |
|-----------------------|--------------------------|
| <u>74/46</u> APPROVED | <u>83/51</u> DISAPPROVED |
|-----------------------|--------------------------|
14. DO YOU RECEIVE TIMELY INFORMATION ABOUT JOB VACANCIES AND PROMOTIONAL OPPORTUNITIES?
- | | | |
|-------------------|------------------|-------------------------|
| <u>247/30</u> Yes | <u>281/34</u> No | <u>294/36</u> SOMETIMES |
|-------------------|------------------|-------------------------|
15. ARE YOU FAMILIAR WITH THE MEDICAL CENTER'S MERIT PROMOTION PLAN?
- | | |
|-------------------|------------------|
| <u>352/43</u> Yes | <u>454/56</u> No |
|-------------------|------------------|

IF YOUR ANSWER IS YES, PLEASE ANSWER THE FOLLOWING QUESTIONS TO EVALUATE YOUR OPINION OF THE MERIT PROMOTION PLAN.

A. LACKS ADEQUATE FEEDBACK TO THOSE NOT SELECTED?

<u>140/39</u> AGREE STRONGLY	<u>54/15</u> DISAGREE
<u>154/43</u> AGREE	<u>13/4</u> DISAGREE STRONGLY

B. GIVES TOO MUCH STRESS TO INCENTIVE AWARDS?

<u>80/22</u> AGREE STRONGLY	<u>116/32</u> DISAGREE
<u>136/38</u> AGREE	<u>26/7</u> DISAGREE STRONGLY

C. GIVES TOO MUCH STRESS TO EDUCATION?

<u>89/25</u> AGREE STRONGLY	<u>137/38</u> DISAGREE
<u>110/30</u> AGREE	<u>27/7</u> DISAGREE STRONGLY

D. GIVES TOO MUCH STRESS TO EXPERIENCE?

44/12 AGREE STRONGLY 188/51 DISAGREE
82/22 AGREE 54/15 DISAGREE STRONGLY

E. GIVES TOO MUCH STRESS TO SUPERVISORY EVALUATION?

86/24 AGREE STRONGLY 125/35 DISAGREE
129/36 AGREE 19/5 DISAGREE STRONGLY

IV. JOB ATTITUDES OR SITUATIONS

1. I FEEL PERSONNEL POLICIES/PROCEDURES ARE APPLIED FAIRLY AND
EQUITABLY TO ALL EMPLOYEES.

15/2 AGREE STRONGLY 315/39 DISAGREE
275/34 AGREE 201/25 DISAGREE STRONGLY

2. RATE YOUR SATISFACTION WITH THE FOLLOWING ASPECTS OF THE FOOD
CANTEEN:

	VERY SATISFIED	SATISFIED	Dis- SATISFIED	VERY Dis- SATISFIED
QUALITY OF FOOD	10/1	167/21	266/34	340/43
CHOICE OF MENU	6/1	202/25	282/35	306/38
PRICES	13/2	132/16	246/31	412/51
WAITING TIME IN LUNCH LINE	11/1	220/28	233/29	331/42
CLEANLINESS	40/5	388/49	190/24	179/23
CONDIMENT ISLAND	40/5	426/53	162/20	170/21
SEATING CAPACITY	30/4	204/25	245/31	324/40

3. THE POSTED RULE IN THE CANTEEN IS THAT INPATIENTS CANNOT BE
SERVED BETWEEN THE HOURS OF 11:00 A.M. AND 1:15 P.M. I FEEL
THIS RULE IS ADEQUATELY ENFORCED.

47/6 AGREE STRONGLY 249/32 DISAGREE
157/20 AGREE 332/42 DISAGREE STRONGLY

4. FROM THE FOLLOWING LIST, INDICATE THOSE ITEMS YOU WOULD LIKE
MORE INFORMATION ON:

379/45 RETIREMENT BENEFITS 157/19 MEDICAL INSURANCE
139/16 FEDERAL EMPLOYEES' 524/62 UPWARD MOBILITY
GROUP LIFE INSURANCE PROGRAM
467/32 HOW TO SUBMIT A 198/23 FEDERAL WOMEN'S
SUGGESTION PROGRAM
125/15 HISPANIC EMPLOYMENT 317/37 GRIEVANCE RIGHTS AND
PROGRAM PROCEDURES
6/8 BLACK PROGRAM

5. I FEEL MY GRADE LEVEL IS IN AGREEMENT WITH THE JOB I AM PRESENTLY DOING.
- | | |
|----------------------------|---------------------------------|
| <u>35/4</u> AGREE STRONGLY | <u>256/32</u> DISAGREE |
| <u>288/36</u> AGREE | <u>230/28</u> DISAGREE STRONGLY |
6. SUGGESTIONS ARE ENCOURAGED AND REWARDED AT THIS MEDICAL CENTER.
- | | |
|----------------------------|---------------------------------|
| <u>36/4</u> AGREE STRONGLY | <u>294/37</u> DISAGREE |
| <u>249/44</u> AGREE | <u>111/14</u> DISAGREE STRONGLY |
7. REGARDING THE UNION CONTRACT DATED OCTOBER 16, 1978:
- 236/30 I HAVE RECEIVED AND READ A COPY.
- 171/22 I HAVE RECEIVED A COPY.
- 369/41 I HAVE NOT SEEN A COPY.
8. DO YOU KNOW WHERE THE UNION OFFICE IS?
- | | |
|-------------------|------------------|
| <u>158/19</u> YES | <u>626/77</u> NO |
|-------------------|------------------|
9. HOW WOULD YOU RATE TEAMWORK AND COOPERATION BETWEEN SERVICES IN THE MEDICAL CENTER?
- | | |
|-----------------------|--------------------|
| <u>39/5</u> EXCELLENT | <u>321/39</u> GOOD |
| <u>210/26</u> FAIR | <u>253/31</u> POOR |
10. HOW WOULD YOU RATE TEAMWORK AND COOPERATION WITHIN YOUR SERVICE?
- | | |
|------------------------|--------------------|
| <u>90/11</u> EXCELLENT | <u>270/33</u> GOOD |
| <u>263/32</u> FAIR | <u>200/24</u> POOR |
11. HAVE YOU BEEN GIVEN A COPY OF YOUR CURRENT POSITION DESCRIPTION?
- | | |
|--------------------------|------------------|
| <u>493/60</u> YES | <u>255/31</u> NO |
| <u>77/9</u> I DON'T KNOW | |
12. DOES YOUR POSITION DESCRIPTION ACCURATELY DESCRIBE THE WORK YOU ARE PERFORMING?
- | | |
|----------------------------|------------------|
| <u>325/41</u> YES | <u>296/37</u> NO |
| <u>179/22</u> I DON'T KNOW | |
13. I FEEL MY JOB AT THE MEDICAL CENTER IS:
- | | |
|-------------------------|--------------------------|
| <u>762/53</u> IMPORTANT | <u>557</u> NOT IMPORTANT |
|-------------------------|--------------------------|
14. MY JOB IN THE MEDICAL CENTER IS:
- | | |
|-------------------------------------|--|
| <u>528/67</u> APPRECIATED BY OTHERS | <u>255/32</u> LOOKED DOWN ON BY OTHERS |
|-------------------------------------|--|
15. DO YOU READ THE "EL PAISANO"?
- | | |
|------------------------|-------------------------------------|
| <u>510/61</u> YES | <u>217/26</u> NO |
| <u>84/10</u> SOMETIMES | <u>21/3</u> I DON'T KNOW WHAT IT IS |
16. HOW OFTEN DO YOU THINK THE "EL PAISANO" SHOULD BE PUBLISHED?
- | | | |
|-----------------------|-------------------------|------------------------|
| <u>550/71</u> MONTHLY | <u>353/20</u> QUARTERLY | <u>67/9</u> NOT AT ALL |
|-----------------------|-------------------------|------------------------|

17. DO YOU FEEL THE MEDICAL CENTER SHOULD OFFER PRIVATE, CONFIDENTIAL, AND PERSONAL ASSISTANCE WITH A PROFESSIONAL COUNSELOR IN ANY OF THE FOLLOWING AREAS?

ALCOHOL HABIT	<u>456/70</u> YES	<u>195/30</u> NO
DRUG HABIT	<u>443/69</u> YES	<u>196/31</u> NO
MARITAL PROBLEMS	<u>358/57</u> YES	<u>268/43</u> NO
WEIGHT PROBLEM	<u>415/64</u> YES	<u>231/36</u> NO
SMOKING	<u>431/66</u> YES	<u>223/34</u> NO
PSYCHOLOGICAL PROBLEMS	<u>482/72</u> YES	<u>184/28</u> NO
CAREER COUNSELING	<u>687/89</u> YES	<u>19/10</u> NO

18. HOW WOULD YOU RATE THE ATTITUDES OF EMPLOYEES IN THIS MEDICAL CENTER?

<u>30/4</u> EXCELLENT	<u>329/40</u> GOOD
<u>224/27</u> FAIR	<u>244/30</u> POOR

19. GENERALLY, TO WHAT EXTENT DO YOU LOOK FORWARD TO COMING TO WORK EACH DAY?

<u>56/7</u> I EAGERLY ANTICIPATE IT.
<u>444/54</u> I USUALLY LOOK FORWARD TO IT.
<u>234/29</u> I FREQUENTLY DREAD IT.
<u>85/10</u> MOST OF THE TIME I HATE IT.

20. MY SERVICE SHOULD HOLD GENERAL MEETINGS:

<u>194/24</u> ONCE A WEEK	<u>29/4</u> TWICE A WEEK
<u>459/56</u> ONCE A MONTH	<u>137/17</u> ONLY AS NEEDED

21. OUR PRESENT SERVICE MEETINGS ARE: (CHECK MORE THAN ONE IF APPLICABLE.)

<u>168/21</u> TOO INFREQUENT	<u>22/3</u> TOO FREQUENT
<u>219/27</u> INFORMATIVE	<u>94/12</u> POORLY UTILIZED
<u>90/11</u> USELESS	<u>61/8</u> VALUABLE
<u>151/19</u> DON'T HAVE MEETINGS.	

22. HOW DO YOU FEEL ABOUT YOUR ABILITY TO OBTAIN ANNUAL LEAVE WHEN YOU WANT IT?

<u>241/29</u> VERY SATISFIED	<u>116/14</u> DISSATISFIED
<u>379/46</u> SATISFIED	<u>95/11</u> VERY DISSATISFIED

23. ARE YOU FAMILIAR WITH THE EXISTENCE AND BENEFITS PROVIDED BY THE MEDICAL CENTER'S EMPLOYEE ASSOCIATION?

<u>143/18</u> YES	<u>474/58</u> NO	<u>200/24</u> SOMEWHAT
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V. WORKING CONDITIONS

1. RATE EACH OF THE FOLLOWING ITEMS IN YOUR IMMEDIATE WORK AREA:

	EXCELLENT 239/34	GOOD 352/50	FAIR 82/12	POOR 29/4
LIGHTING				
HEATING DURING COLD WEATHER	112/14	364/45	210/26	131/16
AIR CONDITIONING IN HOT WEATHER	89/11	287/35	216/27	221/27
SAFETY PROCEDURES	115/14	443/55	182/23	60/6
TIMELINESS OF POSTING OF MATERIAL ON SERVICE BULLETIN BOARD	101/13	374/47	229/29	90/11
CORRECTIVE ACTION BY SUPERVISOR TO POTENTIAL SAFETY HAZARDS	111/14	390/49	213/27	83/10
PHYSICAL ATTRACTIVENESS	116/15	321/40	231/29	134/17

2. IN CASE OF FIRE OR OTHER EMERGENCY SITUATION, DO YOU KNOW THE EVACUATION ROUTE FROM YOUR IMMEDIATE WORK AREA?

641/77 YES 179/22 NO

3. DO YOU UNDERSTAND THE FIRE ALARM CODE?

480/58 YES 172/21 NO 179/22 NOT COMPLETELY

4. IS YOUR SERVICE ACTIVELY ENGAGED IN PREVENTION OF ACCIDENTS COMMON TO YOUR WORK AREA?

538/67 YES 259/32 NO

5. DOES YOUR SUPERVISOR ENFORCE SAFETY RULES AND POLICIES?

480/59 YES 110/13 NO 228/28 I AM NOT SURE

6. HAVE YOU BEEN INSTRUCTED ON THE PROPER USE OF ALL EQUIPMENT AFFILIATED WITH YOUR POSITION?

660/80 YES 166/20 NO

7. DO YOU KNOW WHAT TO DO IF PHYSICALLY ATTACKED BY A PATIENT?

444/54 YES 377/46 NO

8. IF YOU SUFFER AN ON-THE-JOB INJURY, DO YOU KNOW WHAT TO DO TO: GET IMMEDIATE MEDICAL ATTENTION

728/88 YES 100/12 NO

COMPLETE THE WRITTEN PAPERWORK REQUIRED

626/76 YES 192/23 NO

OBTAIN AND USE LEAVE WITHOUT USING REGULAR SICK OR ANNUAL LEAVE

404/51 YES 389/49 NO

9. DO YOU FEEL SAFE WITHIN THE MEDICAL CENTER PROPERTY?

459/56 YES 107/13 NO 254/31 SOMEWHAT

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